

Please complete this questionnaire and bring it with you when you come for your Employee Health Screening.

This brief questionnaire will ask you a few questions about your health and life style habits. Your confidential personal report will give you information about your healthy habits, and habits you might change to reduce your risks. This Health Risk Appraisal is NOT a substitute for a physical check-up; it can't tell you if you are sick. It can give ideas for healthy living and for minimizing your risks of being sick or injured in the future. It is not designed for people who have heart disease, cancer, kidney disease, or have other serious problems.

NAME: _____

DEPARTMENT: _____ **Phone:** _____

Health Risk Appraisal Questionnaire – Heart Disease

1. Have you been diagnosed with heart disease?

☐ **Yes**

☐ **No**

2. Has a parent, brother or sister ever been diagnosed with heart disease?

☐ **Yes**

☐ **No**

3. Have you been told by your doctor that you have diabetes?

☐ **Yes**

☐ **No**

4. How often do you engage in aerobic exercises (walking, jogging, biking, etc.)?

☐ **Rarely or never**

☐ **1 – 2 times each week**

☐ **3 or more times each week**

5. Are you currently taking any high blood pressure medications?

☐ **Yes**

☐ **No**

6. What is your current cigarette smoking habit?

- ☐ I do not smoke cigarettes
- ☐ Smoke less than a pack a day
- ☐ Smoke about a pack a day
- ☐ Smoke two or more packs a day
- ☐ I do not smoke cigarettes, but I use other tobacco products

Health Risk Appraisal Questionnaire – Diabetes

1. Have you ever been diagnosed with diabetes by a physician?

- ☐ Yes
- ☐ No

2. I get little or no exercise during a usual day?

- ☐ Yes
- ☐ No

3. Have you ever experienced any of the following?

- ☐ Extreme thirst
- ☐ Frequent urination
- ☐ Extreme fatigue
- ☐ Blurry vision from time to time
- ☐ Unexplained weight loss
- ☐ None of the Above

4. I have a sister or brother with diabetes?

- ☐ Yes
- ☐ No

5. I have a parent with diabetes?

- ☐ Yes
- ☐ No

6. I am a woman who has had a baby weighing more than nine pounds at birth.

- ☐ Yes
- ☐ No

Health Risk Appraisal Questionnaire – Nutrition

1. How many caffeinated drinks (coffee, tea, cocoa, soft drinks) do you have in a typical day?

- ☐ **0**
- ☐ **1 to 2**
- ☐ **3 to 4**
- ☐ **5+**

2. How many glasses (8 ounces) of water do you drink in a typical day?

- ☐ **0 to 3**
- ☐ **4 to 5**
- ☐ **6 to 7**
- ☐ **8+**

3. My meat/protein eating habit is:

- ☐ **Eat regular cuts of red meat, hamburger, wieners and lunch meat**
- ☐ **Eat a mixture of red meats and some poultry and fish**
- ☐ **Eat only lean meats, skinless poultry or fish**
- ☐ **Eat very little red meat, mostly white meat (poultry or fish)**
- ☐ **Seldom or never eat meat – I eat mostly vegetables**

4. My dairy product/egg eating habit is:

- ☐ **Nearly always eat high fat (ice cream, eggs, butter, cheese, etc.)**
- ☐ **Eat mostly high fat, some low (skim milk, yogurt, egg whites)**
- ☐ **Eat both high fat and low fat about the same**
- ☐ **Eat primarily low fat products, but some high**
- ☐ **Eat only low fat products or none at all**

5. My dessert eating habit is:

- ☐ **Nearly always eat high fat (cake, donuts, pies, ice cream, etc.)**
- ☐ **Eat mostly high fat, some low (fruits, gelatins, home baked)**
- ☐ **Eat both high fat and low fat about the same**
- ☐ **Eat primarily low fat products, but some high**
- ☐ **Eat only low fat products or none at all**

6. My cooking fats/food preparation is:

- ☐ **Nearly always cook/eat high fat (fry, shortening, butter creams)**
- ☐ **Cook/eat food mostly the high fat way**
- ☐ **Food cooked both high and low (broil, bake, boil, no added fat)**
- ☐ **Food cooked primarily the low fat way**
- ☐ **Food prepared only the low fat way**

7. My bread/grain eating habit is:

- ☐ **Nearly always eat refined (white bread, rolls, crackers, cereal)**
- ☐ **Eat mostly refined grain products**
- ☐ **Eat a mixture of refined and whole grain products**
- ☐ **Eat primarily whole grain products**
- ☐ **Eat only whole grain products**

8. My fruits/vegetables eating habit is:

- ☐ **Five or more servings per day**
- ☐ **Four servings per day**
- ☐ **Three servings per day**
- ☐ **Two servings per day**
- ☐ **One serving or less per day**

9. My fast food eating habit is:

- ☐ **I eat fast food nearly every day**
- ☐ **I eat fast food several times each week**
- ☐ **I eat fast food few times each month**
- ☐ **I seldom or never eat fast food**

10. My salty food habit is:

- ☐ **I seldom or never eat salty food (chips, pickles, added salt)**
- ☐ **Occasionally I eat salty food**
- ☐ **I regularly eat salty food**
- ☐ **I frequently eat salty foods – I like salt**

11. My breakfast eating habit is:

- ☐ I eat a rounded breakfast (more than coffee and roll) daily
- ☐ I eat a rounded breakfast almost every day
- ☐ I sometimes eat a rounded breakfast
- ☐ I rarely eat breakfast

12. My high fat snacking habit is:

- ☐ I eat high fat snack foods (potato chips) 3 or more times daily
- ☐ I eat high fat snacks once or twice daily
- ☐ I eat high fat snacks few times a week
- ☐ I rarely or never eat high fat snacks

Health Risk Appraisal Questionnaire - Prevention

1. Do you have a source of professional medical care?

- ☐ Yes
- ☐ No

2. Do you feel comfortable discussing health problems with your health care provider?

- ☐ Yes
- ☐ No

3. Have you had your vision/hearing checked in the past 5 years?

- ☐ Yes
- ☐ No

4. Do you have a rectal exam annually?

- ☐ Yes
- ☐ No

5. Have you had your blood pressure checked in the past year?

- ☐ Yes
- ☐ No

6. Have you had your blood cholesterol checked in the past year?

- ☐ Yes
- ☐ No

7. How often do you have medical checkups?

- ☐ Never
- ☐ Only when I am sick
- ☐ Every 5 or more years
- ☐ Every 3-5 years
- ☐ Every 1-3 years
- ☐ Annually

8. Do you wear protective clothing or use sun screens with a SPF rating of 15 or higher when going out
In the sun?

- ☐ Yes
- ☐ No

9. Do you examine your skin once a month for changes in warts or moles?

- ☐ Yes
- ☐ No

Women Only: (The next 4 questions are for women only)

10. How often do you have a pelvic exam including a PAP test?

- ☐ Once per year
- ☐ Once every 2-3 years
- ☐ More than 3 years apart
- ☐ Never

11. Do you examine your breasts every month?

- ☐ Yes
- ☐ No

12. Have you had your breasts examined in the last year?

- ☐ Yes
- ☐ No

13. When was the last mammogram (x-ray) on your breasts?

- ☐ Never had a mammogram
- ☐ 2 or more years ago
- ☐ 1 – 2 years
- ☐ Within the last year

Men Only: (The next 2 questions are for men only)

14. Do you examine your testicles for lumps every month?

☐ Yes

☐ No

15. Do you have a rectal and prostate exam annually?

☐ Yes

☐ No